PATE

Application or Docket Number

750.00

BASIC FEE

X\$18=

X84≈

+280=

Effective January 1, 2003				жр	Chen. 7-01				
	CLAIMS A	S FILED - PAR	RTI	SMAL	L ENTITY		OTHER	THAN	
	<u> </u>	(Column 1)	(Column 2)			OR	·		
MS		11/		RAT	E FEE	1	RATE	FEE	

	(Column 1)	(Column 2)
TOTAL CLAIMS	11	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	// minus 20=	* 6
INDEPENDENT CLAIMS	2 minus 3 =	*0
MULTIPLE DEPENDENT CLAIM P	RESENT	

^{*} If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

13. 1		(Column 1)		(Column 2)	(Column 3)
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
NDME	Total	* 1	Minus	**	=
AME	Independent	*	Minus	***	=
4	FIRST PRESE	NTATION OF MI	ILTIPLE DEP	PENDENT CLAIM	

19.12	النبار كالسيديون الم	(Column 1)		(Column 2)	(Column 3)			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
ΣΩZ	Total	*	Minus	**	=			
ME	Independent	* 1	Minus	***	=			
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							

100		(Column 1)		(Column 2)	(Column 3)		
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
AMENDM	Total		Minus	**			
ME	Independent	*	Minus	***	=		
ď	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

5/0.607	p~' ' '	
		OTHER THAN
SMALL ENTITY	ΛD	SMALL ENTITY

OR

OR

BASIC FEE

X\$ 9=

X42=

+140=

375.00

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=	esi San	OR	+280≃	u ja
TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	1 1 1 1

			· .	
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	To the second se
TOTAL ADDIT FFF		OR	TOTAL ADDIT FEE	75

	and a contract of			(Column 2)	(Column 3)	- 1		1			
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total		Minus	**	=		X\$ 9=		OR	X\$18=	
S	Independent		Minus	***	=	İ	X42=		1.43	X84≃	
۷.	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT CLAIM			772-		OR	704-	
e Me	+140= OR +280=										
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** APDIT FEE										
						F	ADDIT, FEE		J 💛 ' '	ADDIT, FEE	
	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										